|  |  |  |                                |                          |                             |                                    |       | Application or Docket Number |          |                        |    |                     |  |
|--|--|--|--------------------------------|--------------------------|-----------------------------|------------------------------------|-------|------------------------------|----------|------------------------|----|---------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOR                               |  |  |                                |                          |                             |                                    |       |                              | 1        | 0/08                   | 7  | 152                 | *  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |  |                                |                          |                             |                                    |       | MALL<br>TYPE                 | EN       | ,<br>mr<br>⊐.          | OR | OTHER               |  |
| TOTAL CLAIMS   |  |  | 39                             |                          |                             |                                    |       | RATE                         |          | FEE                    |    | RATE                | FEE  |
| FOR  |  |  | NUMBER FILED                   |                          | NUMB                        | NUMBER EXTRA                       |       | BASIC F                      | FEE      | 370.00                 | OA | Basic Fee           | 740.00   |
| TOTAL CHARGEABLE CLAIMS  |  |  | 39 minus 20=                   |                          | . 19                        |                                    |       | X\$ 9=                       |          |                        | OR | X\$18=              | 349  |
| INDEPENDENT CLAIMS   |  |  | 6 minus 3 =                    |                          | 3                           |                                    |       | X42=                         |          |                        | OR | X84=                | 252  |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM PI                              | RESENT                         |                          |                             |                                    | +140= |                              |          |                        | OR | +280=               |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |  |                                |                          |                             |                                    |       | TOTAL                        |          |                        | OR | TOTAL               | 1334   |
| SYNU 6-6-65<br>CLAIMS AS AMENDED - PART II                               |  |  |                                |                          |                             |                                    |       |                              | I        |                        |    | OTHER               | (1999)   |
| (Column 1) (Column 2) (Column 3)   |  |  |                                |                          |                             |                                    |       | SMAL                         | L E      | NTITY                  | OR | SMALL               |  |
| MTA  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                                | PREV                     | REST<br>BER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                   |       | RATE                         | E        | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE                           |
| AMENDMENT  | Total  | . (  | Minus                          | ~                        |                             |                                    |       | ) x\$ <sub>1</sub> 9         | 7        |                        | OR | X\$18=              |  |
| ME   | Independent                                    | *  | Minus                          | <i>)</i>                 | $\mathcal{M}$               | <b>-</b> /                         | V     | X425                         | <b>才</b> | /                      | OR | X84=                |  |
| <b>₹</b>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                |                          |                             |                                    |       |                              | ⇉        |                        |    |                     |  |
|  |  |  |                                |                          |                             |                                    |       | +140                         | 1        |                        | OR | +280=               |  |
|  | •  |  |                                |                          |                             |                                    |       | TOT<br>ADDIT. F              |          |                        | OR | TOTAL<br>ADDIT. FEE |  |
| (Column 1) (Column 2) (Column 3)   |  |  |                                |                          |                             |                                    |       |                              |          |                        |    |                     |  |
| MENT B   | c  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                                | NUM<br>PREVI             | MBER<br>MOUSLY<br>FOR       | PRESENT<br>EXTRA                   |       | RATE                         |          | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE                           |
|  | Total  | •  | Minus                          |                          |                             | =                                  |       | X\$ 9                        | =        |                        | OR | X\$18=              |  |
| AMEND  | Independent                                    | •  | Minus                          | 177                      |                             |                                    | ] ]   | X42=                         | _        |                        | OR | X84=                |  |
| Ľ  | FIRST PRESE                                    | NTATION OF M                               | JETIPLE DE                     | PENDEN                   | T CLAIM                     |                                    | J     | +140:                        | _        |                        | OR | +280=               |  |
|  |  |  |                                |                          |                             |                                    | •     | TOY<br>ADDIT, F              |          |                        | OR | YOTAL               |  |
|  | (Column 1) (Column 2) (Column 3)               |  |                                |                          |                             |                                    |       |                              | EE L     |                        |    | ADDIT. FEE          |  |
|  | سند د  | (Column 1)<br>CLAMS                        |                                | HIG                      | HEST                        | (Column 3)                         | 1 1   |                              | -1       | ADDI-                  | 1  |                     | ADDI-  |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT            |                                | PREV                     | ABER<br>IOUSLY<br>FOR       | PRESENT<br>EXTRA                   |       | RATE                         | =        | TIONAL<br>FEE          |    | RATE                | TIONAL<br>FEE                                    |
|  | Total  | •  | Minus                          | **                       |                             | =                                  |       | X\$ 9                        | -        |                        | OR | X\$18=              |  |
|  | Independent                                    | •  | Minus                          | 989                      |                             | #                                  |       | X42=                         |          |                        |    | X84=                |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                |                          |                             |                                    |       |                              | +        |                        | OR |                     | <del>                                     </del> |
|  |  |  |                                |                          | - 200 t-                    |                                    |       | +140:                        | = ]      |                        | OR | +280=               |  |
| -  | If the "Highest Nu                             | mn 1 is less than to<br>imber Previously P | aid For IN Th                  | HIS SPACE                | is less tha                 | ın 20, enter "20                   | . ,   | TOT<br>DOIT, F               |          |                        | OR | TOTAL<br>ADDIT. FEE |  |
| -  | tt the "Highest Nu<br>The "Highest Nur         | imber Previously P<br>nber Previously Pa   | and For IN TI<br>id For (Total | HIS SPACE<br>or Independ | is less the<br>dent) is the | an 3, enter "3."<br>e highest numb |       |                              |          | ropriate box           |    |                     |  |

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